

LOCATION PRIORITY

Inpatient	WSIB/3rd Party	Routine	Stat
Emergency	Outpatient	Urgent	Portable

RELEVANT CLINICAL INFORMATION/IMAGING INSTRUCTIONS

X-RAY (walk-ins accepted)

Chest	R L MSK	Spine/Pelvis
Chest	Shoulder	C-Spine
Abdomen	Clavicle	T-Spine
KUB (1 View)	A.C. Joints	L-Spine
Abdomen Series	S.C. Joints	Sacrum/Coccyx
R L MSK	Scapula	SI Joints
Ribs	Humerus	Pelvis (1 View)
Hip	Elbow	Inlet/Outlet Pelvis
Femur	Forearm	Head/Neck
Knee	Wrist	Soft Tissue Neck
Patella	Scaphoid	Skull
Tibia/Fibula	Hand	Sinuses
Ankle	Finger # _____	Orbits For MRI
Calcaneus	Scoliosis	Facial Bones
Foot	Leg Lengths	Nasal Bones
Toe # _____	Skeletal Survey	Mandible

BONE MINERAL DENSITY (Appointment Only)

Baseline (1st BMD)	Low Risk	High Risk
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ULTRASOUND (Appointment Only)

General/OBS/GYN	Vascular/MSK	Small Parts
Abdomen	Carotid arteries	Face
Abdomen Doppler	ABI	Thyroid
Abdomen/Pelvis Full	R L	Salivary Glands
Abdomen/Pelvis KUB	Leg Arterial	Neck
Pelvis	Leg Vein	Chest
Pelvis Transvaginal	Arm Vein	Testes/Scrotum
Dating Scan	Shoulder	Soft Tissue Lump
Anatomic Scan	Biceps	R L
Biophysical Profile	Knee	Groin
Multi gestation	Achilles Tendon	

APPOINTEMENT DETAILS (JBH Office Use Only)

Appointment Date: _____ Time: _____

PATIENT DETAILS

Patient Name: _____

Address: _____

DOB: _____ Phone: _____

Health Card: _____ Version Code: _____

PHYSICIAN DETAILS

Physician (Print): _____

Address: _____

Phone: _____ Fax: _____

Copies To: _____

RELEVANT PREVIOUS IMAGING

(All Reports must be sent to JBH)

Is there relevant imaging outside JBH? Y N

Dates/Locations: _____

NUCLEAR MEDICINE (Appointment Only)

Cardiology	GI
Exercise Myocardial Perfusion	Biliary Scan Ejection Fraction
Persantine Myocardial Perfusion	Gastric Emptying
MUGA/Radionuclide Angiogram	GI Bleed
Thallium Viability	Liver Spleen Scan
MSK	Liver Hemangioma
Whole Body Bone Scan	Salivary Gland
White Blood Cell Labelling	Meckel's Diverticulum
Bone Scan Specific Site	Oncology
Fever Unknown	Breast Sentinel Node Injection
Lymph Angiogram	Gallium Scan
Endocrine	Renal / Miscellaneous
Thyroid Update & Scan (2 day)	Plain Lasix Captopril
Thyroid Therapy Dose:	Gallium Nephritis
Parathyroid Scan	Lung Scan for PE

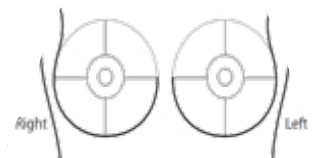
BREAST IMAGING (Appointment Only)

Diagnostic

R L

Mammography

Ultrasound



Please Indicate Area of Interest on Diagram

ALL INCOMPLETE OR UNSIGNED REQUISITIONS WILL BE RETURNED

Physician Signature: _____ Date: _____